



CREDIT APPLICATION

(PLEASE COMPLETE IN FULL-INCOMPLETE INFORMATION WILL DELAY ESTABLISHMENT OF YOUR ACCOUNT, THANK YOU).

LEGAL BUSINESS NAME: _____ YEARS IN BUSINESS: _____

DOING BUSINESS AS: _____

MAILING ADDRESS: (INCLUDE CITY, STATE & ZIP)

PHYSICAL ADDRESS: (Include City, State & Zip)

TELEPHONE NUMBER(S):

CONTACTS

TYPE OF BUSINESS

MAIN#: _____

A. PROPRIETORSHIP: _____

FAX#: _____

B. PARTNERSHIP: _____

PURCHASING#: _____

C. CORPORATION: _____

CONTROLLER#: _____

1. WHAT STATE: _____

ACCTS PAYABLE#: _____

2. EIN # _____

PRODUCT(S) TO BE PURCHASED: _____

BANK NAME: _____

HOW PRODUCT(S) ARE USED: _____

ACCT NUMBER: _____

ESTIMATED INITIAL ORDER: _____ TONS \$ AMT _____

PHONE NUMBER: _____

BANK OFFICER: _____

PRINCIPAL OWNERS - PARTNERS - OFFICERS

FULL LEGAL NAME	POSITION	HOME ADDRESS	CITY/STATE	PHONE NUMBER

TRADE REFERENCES

NAME	ADDRESS, CITY, STATE ZIP	TELEPHONE NUMBER	FAX NUMBER	CONTACT

STANDARD TERMS: NET 30 DAYS

In making this application, I/We the undersigned understand that all accounts are payable on or before the net due date as shown on each invoice. All bills are due and payable in Dallas County, Texas, and the undersigned agrees that any dispute or controversy arising out of any contract or transaction between the undersigned and U.S. Lime Company-Shreveport, including the sale of merchandise between the parties, shall be determined by the laws of the State of Texas. In the event of default and referral to an attorney or collection agency I/We agree to pay all costs of collection including reasonable attorney fees.

If credit is granted, I/We agree to the above terms and the undersigned is/are responsible for payment of the account.

I/We the undersigned, give my/our permission to release the information needed to open an account with U.S. Lime Company-Shreveport, with the understanding that any information U.S. Lime Company-Shreveport obtains will be held in strict confidence.

For the purpose of obtaining credit from U.S. Lime Company-Shreveport, the undersigned submits the following statement: The information contained on this sheet, written and printed, is to my knowledge, in all respects complete, accurate and truthful.

Authorized Signature: _____ Date: _____ Authorized Signature: _____ Date: _____

Please attach a copy of your most recent financial statement:	Attached	Y/N
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